

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 05-10-04. Date of service 05-09-03 was not timely filed per Rule 133.308(e)(1) and will not be reviewed by the Medical Review Division.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the **majority** of issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises, range of motion and muscle testing **were** found to be medically necessary. All other therapies and services **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 13th day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 05-13-03 through 06-03-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 13th day of September 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

August 18, 2004
Amended August 27, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-2960-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was injured on the job while doing data entry and she suffered a gradual onset of bilateral pain in the upper extremities. She was treated by Dr. D with steroid injections to the wrist and eventually she underwent bilateral carpal tunnel releases. Records from the treating doctors office indicates that the patient was having difficulties with the Activities of Daily Living and that therapy was prescribed for the patient from May 9, 2003 through June 3, 2003. Objective testing was indicating a deficiency in strength, ROM and grip. Records indicate that she was found to be at MMI on May 7, 2003 by Dr. B with 0% impairment. A physical performance evaluation was performed by Dr. H on June 3, 2003. It indicated a fairly normal use of the hands by the patient, although there were some deficiencies.

RECORDS REVIEWED

Notes which were reviewed included 13 pages of PT notes, PT re-evaluation from Libery Healthcare, physical performance test by Dr. H and the DD report of Dr. B. Also included are the EOB's of disputed services and 2 letters from the Flahive, Ogden and Latson firm.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, sleep testing – total evaluation of body, including hands, therapeutic exercises, hot/cold packs, iontophoresis, range of motion measurements, unlisted cardiovascular services, physical medicine/rehabilitation services, ultrasound, electrical stimulation and muscle testing.

DECISION

The reviewer finds that therapeutic exercises, range of motion and muscle testing were reasonable regarding this patient. All other therapies and services were found to not be reasonable.

BASIS FOR THE DECISION

The PPE that was performed did indicate that the patient responded well to the active care rendered. The patient seemed to recover from her surgical intervention, although it was a very extended period of time. Regardless, there is no stated minimum time for a patient to recover and some recover slower than others. As a result, the documentation does indicate that the care was reasonable for active treatment. However, there is no justification for the passive care that could be found. Passive treatment would best be served in a case such as this early after the surgery, but the reviewer finds no documentation or research findings that would indicate passive care at this point would be of benefit to the patient.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,